

# Virginia Department of Social Services – Child Protective Services

## CENTRAL REGISTRY RELEASE OF INFORMATION FORM

(Please Print or Type)

### PART 1: INSTRUCTIONS

Please read all instructions carefully before completing this form. Incomplete forms will be returned.

1. Submit a separate form for each individual whose name is to be searched.
2. Type or **print legibly in ink**.
3. Indicate **N/A** if any information below is not applicable.
4. Provide proof of identity and sign Part 3 in the presence of a Notary Public.
5. THIS INFORMATION IS CONFIDENTIAL and shall not be released without the consent of the person whose name has been searched.

RETURN COMPLETED FORM TO: Department of Family Services/Office for Children  
Division of Community Education and Provider Services  
12011 Government Center Parkway, B3  
8TH FLOOR  
Fairfax, Virginia 22035-1102

### PART 2: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED

#### Applicant

Last Name:		First Name:		Full Middle Name:	
Maiden Name:	Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	SSN or DMV:	
Please List All Other Names By Which This Individual Has Been Known:		Current Street Address:			
		City:		State:	ZIP Code:
		How long have you lived at this address?			
		Prior Street Address:			
		City:		State:	ZIP Code:
		How long did you live at this address?			

#### Current Spouse (N/A if not married)

Last Name:		First Name:		Full Middle Name:	
Maiden Name:	Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:		

#### Previous Spouses (N/A if no previous spouse)

Last Name:		First Name:		Full Middle Name:	
Maiden Name:	Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:		

### FULL NAMES OF ALL CHILDREN (INCLUDE ADULT CHILDREN, STEP, FOSTER AND CHILDREN NOT LIVING WITH YOU) ATTACH ADDITIONAL PAPER IF NEEDED

☐ Check here if you do not have children

Last Name:	First Name:	Full Middle Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	Birth Date
Last Name:	First Name:	Full Middle Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	Birth Date
Last Name:	First Name:	Full Middle Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	Birth Date
Last Name:	First Name:	Full Middle Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	Birth Date

SEE BACK FOR SIGNATURES AND RETURN ADDRESS

MAIL REPLY TO:

PURPOSE OF SEARCH:

Payment Code 3018

- ☐ Adoptive Parent  
☐ Babysitter/Family Day Care Provider  
☐ CASA  
☐ Custody Evaluation  
☐ Day Care Center  
☐ Foster Parent  
☐ Institutional Employee  
☐ Other  
☐ Other Employment  
☐ School Personnel  
☐ Volunteer

Name: **OFC/Community Education and Provider Services**

Address: **12011 Government Center Parkway, 8th Floor**

City: **Fairfax**

State: **VA**

Zip Code: **22035-1102**

Contact Person: **Maria Elena Martinez**

Phone #: **703-324-8000**

Please fold at the dotted line, so that the complete name, address, city, state and zip code appear in the envelope window.

PART 3: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the Code of Virginia, I authorize the release of personal information regarding me, which has been maintained by either the Virginia Department of Social Services or any local department of social services, which is related to any founded child abuse/neglect, in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this form in his/her presence.

Signature of person whose name is being searched  
(Sign in the presence of a notary)

Parent or Guardian signature required for minors  
(children under the age of 18)

PART 4: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of \_\_\_\_\_ Commonwealth/State \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public signature \_\_\_\_\_ Notary Number \_\_\_\_\_ My Commission Expires \_\_\_\_\_

PART 5: CENTRAL REGISTRY FINDINGS

(To Be Used By Central Registry Staff Only)

1. We are unable to determine, at this time, if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return this form to the Central Registry Unit in order for us to complete the request.

Worker: \_\_\_\_\_ Date: \_\_\_\_\_

2. Based on information provided by the local department of social services, we have determined that \_\_\_\_\_

is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more information, please contact the

\_\_\_\_\_ Department of Social Services, located at:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ in reference to Child Protective Service Case /File# \_\_\_\_\_

3. \_\_\_\_\_ As of this date, based on the information provided, the individual whose name was being searched is **NOT** contained in the Child Abuse/Neglect Central Registry.

Signature of worker completing the search

Date